

NATIONAL SPEECH/LANGUAGE THERAPY CENTER, INC.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available			Social Security No.			Desired Salary						
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Date of Birth:						City & State of Birth:						
EDUCATION												
High School			Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College			Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other			Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list two professional references.</i>												
Full Name				Email								
Company				Phone								
Address												
Full Name				Email								
Company				Phone								
Address												
PREVIOUS EMPLOYMENT												
Company						Phone						
City & State						Contact Person						
Job Title				Starting Salary \$				Ending Salary \$				
Job Responsibilities												
From		To		Reason for Leaving								
May we contact your previous employer?												

PREVIOUS EMPLOYMENT

Company	Phone	
City & State	Contact Person	
Job Title	Starting Salary \$	Ending Salary \$
Job Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer?		

PREVIOUS EMPLOYMENT

Company	Phone	
City & State	Contact Person	
Job Title	Starting Salary \$	Ending Salary \$
Job Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer?		

DRUG-FREE WORKPLACE POLICY

National Speech abides by a strict drug and alcohol-free workplace environment. Any employee or contractor agrees that during any time they are representing National Speech professionally; providing services on behalf of National Speech whether on Company property or off company property; observing services being provided by another representative of National Speech; or are on property owned, leased, or rented by National Speech, this employee or contractor agrees that they are to be alcohol and drug-free. The term 'drug' can include legally prescribed prescription medication that is being used inappropriately or is impairing the skills of the employee or the contractor. The employee or contractor further agrees that if they are arrested for any drug or alcohol charges, they will notify their immediate supervisor within 5 days of the charge or they may be terminated.

Signature acknowledging that the statement has been read: _____

EQUAL EMPLOYMENT OPPORTUNITY POLICY

National Speech provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws National Speech complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer leaves of absence, compensation, and training. National Speech expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of National Speech's employees to perform their expected job duties is absolutely not tolerated.

Signature acknowledging policy: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date: _____